

Workgroup3

InternationalAspectsofPT Programs

Dr.DavidBullock

WHAT ARE SOME OF THE DIFFICULTIES IN PROVIDING RELEVANT PT/EQAS SAMPLES ACROSS INTERNATIONAL OR INTERCONTINENTAL BOUNDARIES?

- Transportation issues:
 - Specimen integrity
 - Border barriers
 - Timelag
- Suggest reverse PT cycle, where participant sends sample to PT provider?

- Transport into and within countries is hampered by policies and regulations (IATA, etc)
 - difficulties clearing borders - customs, health officer
- Need:
 - Endorsement from top level of government
 - International Organization (WHO) to develop a standardized system for transporting specimens, eg:
 - diplomatic pouch
 - obtaining a special exemption from the Ministries of Health within countries
 - suggest labeling specimens as EQA, not diagnostic, specimens
 - address to hospital/research institute (non-commercial sites)
 - No customs duty (EQA specimens, not IVDs)
- Suggest approaching WHO simultaneously through regional organizations and international meetings

- Communication:
 - Different reporting units
 - Language - use UN official languages
 - Notification - of specimen dispatch & receipt
 - Motivation - plaques/certificates
- Need multiple communication channels:
 - Internet, email, listserv, fax, telephone, PDA
- Lack of SOPs for transportation and communication
 - Regional or international organizations develop standard distribution procedures.
 - Focal person to handle communication and specimens
- Fees:
 - Developing country funding from international NGOs

IN WHAT COUNTRIES OR REGIONS ARE NATIONAL REGULATIONS CREATING NON - TARIFF BARRIERS THAT INHIBIT INTERNATIONAL COOPERATION ON PT/EQA PROGRAMS?

- Industrialised countries
 - Less likely to cooperate
 - National regulations hinder or prevent:
 - legal, licensing, accreditation
 - commercial, market
 - autonomy
 - Bring PT providers together to establish consensus (?funding needed)

- Developing countries

- More enthusiastic to collaborate
- Lack infrastructure
 - need for workforce development
 - develop core leadership nucleus for EQA
- Lack of (appropriate) standards
 - Standards must be appropriate to country's situation
 - Establish ideal and minimum standards
- How do we translate these ideals into a practical action plan?

WHAT ARE SOME OF THE TRANSPORT ISSUES INFLUENCING INTERCONTINENTAL USE OF PT/EQA PROGRAMS AND MATERIALS?

- Due to time and temperature issues it is essential that the samples be transported efficiently

How Might These Issues Be Resolved ?

- Selection of courier/distributor
 - work with regional couriers, establish relationships with individuals
 - consider shipment to one point, for distribution throughout an individual country
- Proper training of shipping personnel
 - includes correct classification of product that is to be shipped
- Endorsement that specimen tested to transfusion standard are biological materials, exempt from dangerous goods' labelling & packaging rules
- International organization to work as advocate
 - WHO; this conference; any other international group

CAN INTERNATIONAL PEER GROUPS OF FPT/EQ A PROGRAMS BE DEFINED? If SO, HOW?

- In some cases peer groups would be appropriate. They might be defined according to:
 - Purpose (Educational vs. Regulatory)
 - very important distinction
 - must be defined up -front
 - Type of testing
 - Clusters of similar lab type:
 - reference labs; rural labs; out -post labs

WHAT FACTORS NEED TO BE DEFINED TO ALLOW PPT/EQA INFORMATION TO BE EXCHANGED IN A COMPARABLE MANNER BETWEEN INTERNATIONAL LABORATORY GROUPS?

- Each provider needs to define:
 - The question they ask the participant
 - The data they require
 - How the data is processed
 - Formulation of the specimen
 - Assessment model
 - The purpose of the scheme
 - Licencing
 - Accreditation
 - Education

WHAT FACTORS NEED TO BE DEFINED TO ALLOW PT/EQA INFORMATION TO BE EXCHANGED IN A COMPARABLE MANNER BETWEEN INTERNATIONAL LABORATORY GROUPS?

- International exchange of EQA information should be at the level of transfer between:
 - EQA providers
 - Reference laboratories (should also be participants)
 - Manufacturers (should also be participants)
 - Regulatory bodies
 - Licensing bodies

WHAT FACTORS NEED TO BE DEFINED TO ALLOW PT/EQ INFORMATION TO BE EXCHANGED IN A COMPARABLE MANNER BETWEEN INTERNATIONAL LABORATORY GROUPS?

- Report format as provided to participant
 - Language
 - Detail
 - Format of report (use of tables, histogram etc)
 - Personalised advice (small schemes)

WHATPROCEDURESEXISTTHATCANFACILITATE INTERNATIONALCOOPERATIONBETWEENPT/EQAPROGRAMS?



WHAT PROCESSES ARE IN PLACE TO FACILITATE TPT/EQA FOR LOW VOLUME OR “ORPHAN” ASSAYS ? WHAT NEW PROCESSES WILL NEED TO BE DEVELOPED?

- Information sharing and education
 - Assay providers (DORA, AssayFinder) and schemes
 - Enhance existing websites
 - Create new websites ('meta -sites')
- Methods of coordination
 - Professional societies
 - Industry
 - Government
- Validation of methods
 - Availability of global guidelines
 - Round Robins
 - Performance criteria
 - Accreditation

WHAT CRITERIA SHOULD BE USED FOR SELECTION AND PROVISION OF PT/EQA PROGRAMS INTERNATIONALLY?

- Voluntary EQA
 - Follow ISO Guide 43 -1 requirements
 - Review WHO guidance against ISO 43 -1
- Regulated EQA
 - Accreditation to requirements such as ILAC G13, CPA

**FOR WHAT TYPES OF LABORATORY
TESTING WOULD IT BE BETTER TO
ANALYZE PATIENT SPECIMENS RATHER
THAN SENDING OUT SAMPLES TO DETECT
POOR LABORATORY PERFORMANCE ?
WOULD THIS BE A BETTER INDICATION
OF ACTUAL LABORATORY
PERFORMANCE?**

- Not tests could be better evaluated by reanalysis on an international PT scope
 - This may be an approach to standardization, but not reasonable for inter-laboratory evaluation on an international scale

- Other mechanisms may be useful, such as:
 - “virtual lab”/“clone lab” – laboratorian travel to central laboratory and test specimens – this would be mechanism for education rather than PT
 - “virtual” challenges: use of the internet to send pictures or raw data for analysis, for example
 - questionnaires – could evaluate pre - and post - analytic processes as well as analytic
 - use of manufacturers’ QC programs on a regional or international scope

- Reanalysis may be valuable on a regional scope or through a hierarchical process
 - Tests for which accuracy is more important than precision, would be better for reference analysis (e.g. serology, histopathology, microscopic urinalysis) than tests for which precision is more important than accuracy (e.g., chemistry, hematology)
 - On regional level, could send specimen to a central laboratory with accepted credibility; add element of traceability
 - Could use multi-layer approach from laboratories, to regional level to international level

HOW WOULD THE COST COMPARE WITH TRADITIONAL PT/EQA AND WHAT WOULD BE THE LOGISTICAL CONCERNS ABOUT ESTABLISHING A RE-EXAMINATION OF PATIENT SPECIMENS?

- Re-examination would cost more than traditional PT
- Alternative mechanisms described above may cost less
- Logistical concerns include:
 - Language
 - Population variance and incidence of abnormalities
 - Access to internet
 - Ethics/laws/cultural issues
 - Shipping

Summary

- Specimentransportisamajorconcern
 - withoutspecimens,allelseisirrelevant!
 - individualschemes(orcoalition)insufficientinfluence
 - WHO&internationallevelsupportneeded
- Needtodefineschemepurpose
 - otherwise,cannotknowiffitforpurpose
- Enhancedommuncationrequired
 - varietyofmeansmustbeused
- Schemessholdcomplywithrecommendationsand accreditation
- NovelmeansofEQAshouldbeexplored

SUBGROUP LEADERS AND RECORDERS

- Austin Demby
- Carlyn Collins
- Roongrasamee Soisangwan
- Gary Myers
- Harry Hannon
- Louise Barden
- Sue Empson
- Vivienne James
- Chantal Maurice
- Devery Howerton

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